



Wesley Academy of Early Learning Scarlett Scholarship Application

Child's

Name: _____ Application Date: _____

Date of Birth: _____

Address: _____

City, State, ZIP: _____

Parent(s): _____

Cell Phone(s): _____

Primary Email Address: _____

*What do you hope your child will gain from attending Wesley Academy of Early Learning?

*Have there been any significant life changes or events that have affected your child recently?
If yes, please describe: _____

*Please describe any special financial circumstances affecting your family budget: _____

*How much tuition do you feel your family can contribute on a monthly basis?
(You must enter a dollar amount here): \$ _____

Signature of Parent: _____

Signature of Administrator: _____